

TO				ROOM NO.	DATE		OFFICER'S INITIALS	COMMENTS
					RECEIVED	FORWARDED		
1. R. Warren						26/2/59	ik	<p>RETURN TO CIA Background Use Only Do Not Reproduce</p> <p>PLEASE COORDINATE</p> <p>RECORD COPY</p> <p>att: Evelyn To RI/Copy</p> <p>Chauden, Michael M.</p>
2. 03 [E. Terrell]							ruo	
3. C/WH/I						27 Dec	gr	
4. WH/BIF						27 Dec	4/1	
5. WH/III/Havana						1 Nov	14 cc	
6. <i>Fin Qw</i>						3/9	3/9	
7. <i>Howling</i>								
8. C/WH/I						11 Mar 11	gr	
9. WH/Mailroom						MAY 1959 11	EH	
10. RE/Pouch								
11. RE/Pouch								
12. WH/Mailroom								
13. RE/Pouch								
14. R.D.P.						1307		
15. RI/AN								
16. RI/PI								
17.								
18.								

COORDINATING OFFICERS		AUTHENTICATING OFFICER	
NAME	OFFICE	NAME	TITLE
<i>John T. Flynn</i>	WH/III/Havana	<i>John T. Flynn</i>	C/WH/I
		RELEASING OFFICER	
		NAME	TITLE
		<i>John T. Flynn</i>	C/WH/I
		J. C. KING	C/WH/I
ENCLOSURE	ABSTRACT <input checked="" type="checkbox"/>	FILE NUMBER	
	INDEX <input checked="" type="checkbox"/>	201-88764	
DATE MICROFILMED		DOCUMENT DATE	DOCUMENT NUMBER
		201-88764	201-88764

VGP

DISPATCH

SECRET

FORM W 2885

TO Chief of Station, Havana	INADOC/ATTN: FILE NO.			
FROM Chief of Station, <u>Caracas</u> 16-17	201-28764			
SUBJECT Michael M. Choaden	DATE 13 MAR 1959			
ACTION REQUIRED As indicated	RE 433 - (CHECK 'X' ONE) MARKED FOR INDEXING NO INDEXING REQUIRED INDEXING CAN BE JUDGED BY QUALIFIED HQ DESK ONLY			
REFERENCE(S) None				
<p>It is requested that Michael M. Choaden be instructed to write a letter to the First National City Bank of New York, (Attention: Samuel W. Hamilton II) concerning the account that was set up in his name with XUBARK funds. He is to instruct the bank that he is the sole owner of the organization described in the account and that therefore only his signature should be honored for withdrawals.</p> <p>OLIVER O. GALEBOND</p> <p>26 February 1959</p> <p>Distribution: 3 - Havana 1 - <u>Caracas</u> 16-17 1 - WH/Chrono 1 - WH/Subject 1 - WH/Mailroom WH/I/Venezuela/REWarren:FM</p> <p>68 8374</p> <p>201-28764</p>				
FORM 10-57 53 (40)	USE PREVIOUS EDITIONS REPLACES FORMS 51-28, 51-29 AND 51-30 WHICH ARE OBSOLETE	CLASSIFICATION	<input type="checkbox"/> CONTINUED	PAGE NO.

2/9/59